

ScholarShare® College Savings Plan Payroll Deduction Form

State of California excluding Senate and Assembly

You may use this form to start, stop, or modify a payroll deduction for your ScholarShare® College Savings Plan Account(s). **Most State of California employees should use this form. Do not use this form if you are a California Senate, Assembly, or UC employee.** If you are establishing payroll deductions for more than four ScholarShare College Savings Plan Accounts, please add a second form with additional entries and totals for all relevant categories. You must be the Participant on each of the 529 plan accounts designated on this form.

When you have completed this form, please provide your signature on page two and return it to: Fidelity Investments, P.O. Box 770001, Cincinnati, OH 45277-0002. Your first payroll deduction will usually be made within 30 days after you have mailed in your completed form. If you have any questions, please call us anytime at 1-800-544-5248 or visit us at www.ScholarShare.com.

1 EMPLOYEE INFORMATION

Name (first, middle initial, last) _____ Social Security Number _____ Employee ID Number (if applicable) _____
Street Address _____ City _____ State _____ Zip _____

2 EMPLOYER INFORMATION

Employer Name _____ State Agency Name _____

3 PAYROLL INFORMATION (SELECT ONE)

☐ **Initiate payroll deduction for the ScholarShare College Savings Plan Account**

Please establish a total payroll deduction of \$ _____ per payroll period for the ScholarShare College Savings Plan Account(s) indicated below (minimum of \$15 per month for each account). These are:

☐ new account(s) I am establishing. ☐ existing Fidelity-managed 529 plan accounts.

New payroll contribution breakdown

Name and Social Security # of Beneficiary	Account # (if existing account)	% of payroll deduction to each account
1. _____ / /	_____	_____
2. _____ / /	_____	_____
3. _____ / /	_____	_____
4. _____ / /	_____	_____
		100%

☐ **Modify a current payroll deduction arrangement**

Please modify my current payroll deduction according to the following instructions (select all that apply):

☐ Change my total pay period deduction* from \$ _____ to \$ _____

*minimum of \$15 per month for each account.

☐ Change the percentage allocation to my Beneficiary(ies) as shown below:

Name and Social Security # of Beneficiary	Account #	Current pay period %	Future pay periods %
1. _____ / /	_____	_____	_____
2. _____ / /	_____	_____	_____
3. _____ / /	_____	_____	_____
4. _____ / /	_____	_____	_____
		100%	100%

☐ **Stop a current payroll deduction**

Please stop the entire payroll deduction supporting my ScholarShare College Savings Plan Account(s).

4 SIGNATURE

By signing below, I authorize the State Controller to add, delete, or change the payroll deduction for the employee named in Section 1. I hereby authorize the State Controller to deduct from my salaries and wages the amount specified now or in the future for my contributions to my ScholarShare College Savings Plan Account. I acknowledge and agree that my remedy for any errors made in connection with these transactions is limited to simple reimbursement of the amount of the error. I authorize the ScholarShare Trust and its agents to make adjustments to my Account(s) to correct such error.

By signing below, I authorize the collection of a nominal charge of up to 25 cents per pay period as required by the State Controller's Office. I understand that the payroll deduction amount deposited into my ScholarShare College Savings Plan Account(s) will be reduced by this amount. I understand that my ScholarShare College Savings Plan Account(s) may not be credited with my payroll deduction until the funds are received from the State Controller's Office and that date on my payroll stub may not be the same date the deposit is credited to my Account(s). This authorization will remain in effect until cancelled by me or by the ScholarShare Trust, or upon termination of my employment with the State of California.

Signature

Date (mm/dd/yy)